## 2013 DRAFTING REQUEST

senat	e Amendmo	ent (SA-AA6	-SB497)				
Receiv	ed: 3/18/2	014			Received By:	chanaman	
Wanted	d: As tin	ne permits			Same as LRB:		
For:	Jon E	rpenbach (608	) 266-6670		By/Representing:	Julie	
May Contact:					Drafter:	chanaman	
Subject: Insurance - health				Addl. Drafters:			
					Extra Copies:		
Reques Carbor	t via email: ster's email: n copy (CC) to		rpenbach@l	legis.wiscon	sin.gov		
	ecific pre topic	given		· · · · · · · · · · · · · · · · · · ·			
			les, or coinsu	urance for or	al chemotherapy a	nd injected or	
Instru	ctions:						
See att	ached						
Drafti	ng History:						
Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	chanaman 3/18/2014	wjackson 3/18/2014					
/1					lparisi 3/18/2014	lparisi 3/18/2014	
FE Se	nt For:						

<**END>** 

## 2013 DRAFTING REQUEST

Senate Amendment	(SA-AA <b>6</b> -SB497)
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Received	:

3/18/2014

Received By:

chanaman

Wanted:

As time permits

Same as LRB:

For:

Jon Erpenbach (608) 266-6670

By/Representing:

Julie

May Contact:

Drafter:

chanaman

Subject:

Insurance - health

Addl. Drafters:

Extra Copies:

Submit via email:

YES

Requester's email:

Sen.Erpenbach@legis.wisconsin.gov

Carbon copy (CC) to:

Pre Topic:

No specific pre topic given

Topic:

Add SB 300; Copayments, deductibles, or coinsurance for oral chemotherapy and injected or intravenous chemotherapy

**Instructions:** 

See attached

**Drafting History:** 

Vers. Drafted

Reviewed

**Typed** 

**Proofed Submitted** 

**Jacketed** 

Required

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FE Sent For:

<END>



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## State of Misconsin 2013 - 2014 LEGISLATURE



NOW LEGISK

SENATE AMENDMENT,

AALO

TO SENATE BILL 265

497

Page 1, Inne 2: before that line moint: amendment At the locations indicated, amend the mass as follows: 1 Page 1, line 4: after "Migytions" insert "and copayments, deductibles, or coinsurance for oral chemotherapy and injected or intravenous chemotherapy". +120->14 Page 2, line 1: before that line insert: "SECTION 1h. 40.51 (8) of the statutes is amended to read: 6 40.51 (8) Every health care coverage plan offered by the state under sub. (6) 7 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8) 8 and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.855, 632.853, 632.855, 9 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896. 10 **SECTION 1j.** 40.51 (8m) of the statutes is amended to read: 11 40.51 (8m) Every health care coverage plan offered by the group insurance

board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,

1 632.748, 632.798, 632.83, 632.835, 632.853, 632.855, 632.867, 632.885, 632.89, and 632.895 (11) to (17).

SECTION 1k. 66.0137 (4) of the statutes is amended to read:

66.0137 (4) Self-insured health plans. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

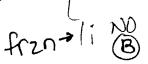
**SECTION 1L.** 120.13 (2) (g) of the statutes is amended to read:

120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

**SECTION 1m.** 185.983 (1) (intro.) of the statutes is amended to read:

185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (2), (2m), (3), (4), (5), and (6), 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:".

**3.** Page 2, line 1: delete "Section 1" and substitute "Section 1r".



Page , line : after that line insert: "Section 4. 609.837 of the statutes is created to read: ment equality for oral and injected chemotherapy.

4 Limited service health organizations, preferred provider plans, and defined network 5 plans are subject to s. 632.867.

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**SECTION M.** 632.867 of the statutes is created to read:

632.867 Oral and injected chemotherapy. (1) DEFINITIONS. In this section:

- (a) "Chemotherapy" means drugs and biologics that kill cancer cells directly, including antineoplastics, biologic response modifiers, hormone therapy, and monoclonal antibodies, and that are used to do any of the following:
  - 1. Cure a specific cancer.
    - 2. Control tumor growth when cure is not possible.
- 3. Shrink tumors before surgery or radiation therapy.
  - 4. Destroy microscopic cancer cells that may be present after a tumor is removed by surgery to prevent a cancer recurrence.
    - (b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).
    - (c) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).
  - (2) Copayment, deductible, or coinsurance requirements; limitations. (a) A disability insurance policy that covers injected or intravenous chemotherapy and oral chemotherapy, or a self-insured health plan that covers injected or intravenous chemotherapy and oral chemotherapy, may not require a higher copayment, deductible, or coinsurance amount for oral chemotherapy than it requires for injected or intravenous chemotherapy, regardless of the formulation or benefit category determination by the policy or plan.

2013 - 2014 Legislature: after that line insect:

LRBa2146/1
TJD:jld/eev/wlj:rs

(b) A disability insurance policy or a self-insured health plan may not comply with par. (a) by increasing the copayment, deductible, or coinsurance amount required for injected or intravenous chemotherapy that is covered under the policy or plan.

SECTION S. Initial applicability.

- (1c) The treatment of sections 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.837, and 632.867 of the statutes first applies to all of the following:
- (a) Except as provided in paragraphs (b) and (c), disability insurance policies that are issued or renewed, and governmental or school district self-insured health plans that are established, extended, modified, or renewed, on the effective date of this paragraph.
- (b) Disability insurance policies covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are issued or renewed on the earlier of the following:
  - 1. The day on which the collective bargaining agreement expires.
- 2. The day on which the collective bargaining agreement is extended, modified, or renewed.
- (c) Governmental or school district self-insured health plans covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are established, extended, modified, or renewed on the earlier of the following:
  - 1. The day on which the collective bargaining agreement expires.
- 2. The day on which the collective bargaining agreement is extended, modified, or renewed.

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SECTION . Effective dates. This act takes effect on the day after publication, except as follows:

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(1) The treatment of section 632.867 (2) (a) of the statutes takes effect on the first day of the 7th month beginning after publication.".

(END)